STATE OF WISCONSIN

Division of Health Care Access and Accountability F-11018 (10/08)

HFS 106.03(4), Wis. Admin. Code HFS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code

FORWARDHEALTH PRIOR AUTHORIZATION REQUEST FORM (PA/RF)

Providers may submit prior authorization (PA) requests by fax to ForwardHealth at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 6406 Bridge Road, Madison, WI 53784-0088. **Instructions:** Type or print clearly. Before completing this form, read the service-specific Prior Authorization Request Form (PA/RF) Completion Instructions.

SECTION I — PROVIDER INFORMATION															
						2. Process Type					3 Telephone Number	— Billing	Provider		
Check only if applicable HealthCheck "Other Services"					2. Process Type 111						3. Telephone Number — Billing Provider (XXX) XXX-XXXX				
☐ Wisconsin Chronic Disease Program (WCDP)											` '				
4. Name and Address — Billing Provider (Street, City, State, ZIP+4 Code) 5a. Billing Provider Number											mber				
I.M. Billing Pro								022222220							
609 Willow St 5b. Billing Provider Taxonomy											xonomy (Code			
Anytown WI 55555-1234											,				
123456789X															
SECTION II — MEMBER INFORMATION															
6. Member Identification Number 7. Date of Birth –					- Member 8					. Address — Member (Street, City, State, ZIP Code)					
1234567890 MM/DD/0				CYY					322 Ridge St						
9. Name — Member (Last, First, Middle Initial)					10. Gender — Member				Anytown WI 55555						
Member, Im A.		☐ Male				X Female									
SECTION III	DIAGNOSIS / TR	EATMENT I	IEODN	IATI	ION										
			VIFORIV	IAII	ION		12 St	art Date	_ <	30) I	13 Fire	at Date of Tre	eatment — SOI	
11. Diagnosis — Primary Code and Description							12. Start Date — S			٥.	Ji	13.111	st Date of The	saunent — 301	
436 - CVA															
14. Diagnosis — Secondary Code and Description							15. Requested PA Start Date								
437 – Cerebral atherosclerosis															
16. Rendering	17. Rendering	18. Service	Service 19. Modifiers				20.	Descr	escription of Service			22. QR	23. Charge		
Provider Number	Provider Taxonomy Code	Code	1	2	3	4	POS								
- Trainiber	raxonomy code							Stre	engti	h	ening exercises				
0111111110	123456789X	97110	GO				11		_		3/wk x 11 wk		33	xxx.xx	
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A	Landan and the state of the sta									_					
is provided and the co	mpleteness of the claim in	nformation. Payme	ent will no	t be m	nade fo	r ser	vices initia	ited prior	to app	pr	and provider at the time the oval or after the authorization	า	24. Total	ххх.хх	
expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. If the member is enrolled in a BadgerCare Plus Managed Care Program at the time a prior authorized service is provided, ForwardHealth reimbursement will be allowed only if the service is not covered by													Charges		
the Managed Care Program.												26 Data S	ianed		
20. SIGNATURE	25. SIGNATURE — Requesting Provider												26. Date Signed		
I.M. Províder													MM/DD/CCYY		